



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA'

ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LÁHI

LAURENT SF DUENAS, MPH, BSN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

**DECLARATION OF INDIVIDUAL ATTESTING TO COVID-19 VACCINATION IN
SUPPORT OF REQUEST TO BE EXEMPT FROM QUARANTINE**

I, _____, make this declaration on _____,
(Print Full Name) (Date)

and do hereby certify under penalty of perjury that:

(1) I have been fully vaccinated as defined in the Guam Department of Public Health and Social Services Travel Guidance Memorandum 2020-11 Revision 11;

Check one: Pfizer-BioNTech
 Moderna
 Johnson & Johnson / Janssen
(2) with Other: _____;
(Brand of COVID-19 Vaccine)

(3) with my second dose or single dose received on _____,
(Date)

(4) at _____.
(Location)

I UNDERSTAND AND ACKNOWLEDGE that, if any fact stated in this Declaration is false, I may be subject to criminal penalties.

Declarant's Signature